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FIRST MAMED DIVENTOR

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23906

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Lois A. Santopietro

08/26/2004

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Carol Reeder	(Depositor's name)
Carol Reeden	(Signature)
September 24, 2004	(Date)

ATTORNEY DOCKET NO CONFIDMATION NO

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNET DOCKET NO.	CONFIRMATION NO	<u>'</u>
09/617,858	07/17/2000		Marie B.	O'Regan	UA0026 US NA	8333	
TITLE OF INVENTION: L	ONG LIFETIME POLYME	R LIGHT-EMITT	ING DEVIC	ES WITH IMPROVED LUMI	NOUS EFFICIENCY AND I	MPROVED RADIANC	E
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330 11/26/2004		_
EXAMINER		ART UNIT		CLASS-SUBCLASS	09/28/2004 FFANAIA	3 00000027 041928	0961
LOUIE, V	2814		257-040000	01 FC:1501 1	330.00 DA		
. Change of correspondence	e address or indication of "F	ee Address" (37	2. For prin	nting on the patent front page,	list		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
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"Fee Address" indicat	tion (or "Fee Address" Indicator more recent) attached. Us	ation form	registered	me of a single firm (having as attorney or agent) and the na ed patent attorneys or agents. I	mes of up to f no name is 3		
Number is required.	or more recent) attached. Os	e of a Customer	listed, no	name will be printed.	3		—
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATEN	Γ (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assig for filing an assignment.	gnee is identified below, the	document has been filed	d for
(A) NAME OF ASSIGNEE (I			B) RESIDENCE: (CITY and STATE OR COUNTRY)				
DuPont Displays	, Inc.	Sant	a Barba	ra, California			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 📮	Corporation or other private g	roup entity Governm	ment
a. The following fee(s) are			D. Payment of	<u> </u>			
Issue Fee			A check	in the amount of the fee(s) is	nclosed.		
Dublication Fee (No s	mall entity discount permitte	ed)	Payment	by credit card. Form PTO-203	38 is attached.		
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	-		Deposit Acc	ount Number 04-19	28 (enclose an extra	copy of this form).	
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	MALL ENTITY status. See			ant is no longer claiming SM		10, 1,	
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